MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	-CERTIFICATE OF DEATH 685
1. PLACE OF DEATH	(210°m)
County Somework	Registration Dist. No. 270
Village or City Mann	No. St. Ward
. / .	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 4 Q yrs.	_mosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Model Ballar	If U. S. Veteran, specify WAR
(a) Residence: No. 'Mann' That (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced	(month) (bay) (deat)
(or) WIFE of more	22. I HEREBY CERTIFY, Thet I ettended deceased fro
0 Th	Source about 19 leve of tex berg. 19
5. DATE OF BIRTH (month, dey, and year V	I last saw h-Oluck by with 19; death is sa
7. AGE Years Months Days If LESS that I day,	To more described on the same described about a second sec
40 ormin.	were es follows:
8. Frade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	
9. Industry or business in which	and a company
Sind of work done, es SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	a little line
10. Date deceased last worked at this occupation (month and year)	parago
Tond,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME SID Ballund	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OF LEVILLE PRILITIES	23. If death was due to external causes (VIDLENCE) fill In elso the following:
15. MAIDEN NAME Delmia Mullington 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 2.6, 1932
(State or country)	Where did injury occur? Deux muun
17. INFORMANT Sadu Hozger.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) manning	on County Read
18. BURIAL CHEMATION, OR REMOVAL	Manner of injury Almest by auth
riece pur principale pate 195	Nature of injury Freely april prod ly
19. UNDERTAKER Des IV Ilahurare	24. Was disease or injury In any way related to occupetion of deceased?
(Address)	If so specify /

Registrar.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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20. FILED.

. 193

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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le 1	Example II	
1100	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
0 1027 1991	Run over by street car	1 week ago
	Peritonitis	3 days ago
V. S.	N.	
aportance:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	d related causes Date of onset 1915 1927 July 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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	STATE	OF MAR	VI AND—	CERTIFICATE OF DEATH	6850
1. PLACE		OI MAN	ILAND	CERTIFICATE OF DEATH	0000
County	Somerset			Registration Dist. No.	2,621
				No. R.F.D.# 1. death occurred in a horpital or institution, give its NAME instead of	
Length of ra	sidence in city or town where	death occurred	(1)	death occurred in a hospital or institution, give its NAME instead ofds. How long In U.S. if of foralgn birth?yrs.	street and number)
	ence: No.			If U. S. Veteran, specify WARSt.,Ward.	
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DI	
s. sex Female	4. COLOR OR RACE Colored	5. SINGLE, MAI OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June Lat (Month) (Day)	, 193. 7 (Yaar)
5a. If merried, wide HUSBAND of (or) WIFE of	wed, or divorced Gardner Bea	uchamp		7	attanded decaased from
6. DATE OF BIRTH	(month, day, and year) Se	pt 21st.	1910	I last saw har alive on and f	419 3.7 death Is said
	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12/2 30 Pm. 1	
26		10	ormin.	The PRINCIPAL CAUSE OF DEALWand related causes of Import ware es follows:	Date of onset
SAWYE	fession, or perticular work dona, as SPINNER, R, BOOKKEEPER, etcH business in which	ousewife	a	Inme seleshableth	1935
work w	as done, as SILK MILL, ILL, BANK, etc			Dest Mil I	h 301
LIII3 OVE	esed last worked at May cupation (month and 193	77 spe	tima (yaars) ent in this Life	and the same of th	may he
, , , ,	city or town) Frui		upation DITE	Other Contributory Causes of Importance:	
	bel Spence	mary mounts.			
14. BIRTHPLAC	CE (city or town)	now Hill Maryland		Name of operation	
1	AME Cecie Wr			What tast confirmed diagnosis? Was	
16. BIRTHPLAC	E (city or town) West		fice	23. If deeth was dua to external ceuses (VIOL ENCE) fill in also th Accident, suicide, or homicide?	
17. INFORMANT	Gardner Beau Pocomoke Cit	champ	and	Where dld injury occur? (Specify city or town, countries of the specify whether injury occurred in INDUSTRY, in HOME, or In F	aty and State) PUBLIC PLACE,

18. BURIAL CREMATION, OR REMOVAL

St. Marys Cemetery
PlaceSomerset Co. Mg. Date June 3rd. 18

19. UNDERTAKER MADDING City, Maryland.

(Address) Pocomoke City, Maryland.

20. FILED Lune 3. 1937 Mrs. Clauton, Or.

(Signad).....(Address)

24. Was diseese or injury in any

Manner of injury
Nature of injury

Parlones Parlones

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example IVED	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

Date of onesi

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in eny way related to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HIREAL V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATI Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) n where death occurred How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or tow 2. FULL NAME (a) Residence: No. Ward. (Usual place of about Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3-SEX 4. COLOR ON 21. DATE OF DEATH 5. SINGNE, MARRIED, WIDOWED 5a. If married, widowed, or stronged CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. OCCUPATION may 9. Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town (State or country, 13. NAME FAT 14. BIRTHPLACE (city or town Name of operation ... plain (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL CREMATION, OR REMOVA Manner of injury AUSE Nature of injury. LION 19. UNDERTAKER (Addless) If so, specify (Signed) Registrar. (Address)

If nonresident give city or town and State (Year)

Date of onset

(Day)

BINDING MARGIN RESERVED

S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. stated AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Length o	or City Crisfie f residence in city or town whe		67 yrs 38 mos	No. Chesapeake Ave St., V death operated in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos.
2. FULL (a) Res	***************************************	a Ella E peake Av (Usualplac		St., Ward. If nonresident give city or town and State
PERS	ONAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF DEATH (Month) (037) (781)
5a. If merried, v HUSBANO (or) WIFE	vidowed, or divorced of G	ordon T	Butler	22. I HEREBY CERTIFY, Thet I attended deceased been 1987, to See 3 195
6. DATE OF BII 7. AGE 67	RTH (month, day, and year) Yaars Months	ာ့ Peys Peys	1870 If LESS than 1 day,hrs. ormin,	I last saw h
9. tndustri wor SAV 10. Oate do this	()	935 11. Total	wife time (years) ent in this cupetion	Other Contributory Causes of Importance:
(State o	r country) Mar	yland ed Parke	r	Clare Out refuli
14. BIRTHP	LACE (city or town)	irginia		Name of operation Dete of What test confirmed diagnosis? Was thara an autopsy?
	LACE (city or town) Cr	a Hickma isfield ryland	••••••	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homloide?
≥ (Sta	He	rchell B		
15. MAIDER 16. BIRTHP (Sta 17. INFORMANT (Addres 18. BURIAL, CRI	He	isfield	Md	Manner of injury

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JOH V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PL	ACE OF				800
Cr	ounty	Somerse	t WITHIN	CORPOR	Registration Dist. No. 265
	llage Dr City	Crisfie		62 _{yrs} 2 (11	No. Paper Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	ILL NAMI	O = de 10 = = = 2 =			
		73			If U. S. Veteran, specify WAR
(a) Residence:	ND. Zaper	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
Р	ERSONAI	L AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	F 4	Color or RACE	5. SINGLE, MARI OR DIVORCED Marri	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Bay) (Yaar)
5a. If mer HUSI (or)	ried, widowad, BAND of WIFE of	or divorcad	arence	Byrd	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE (OF BIRTH (mo	nth, day, end year)	arch 20	1875	I lest saw h. alive on 19.2 ; death is said
7. AGE	62 Years	2 Months	Deys 28	If LESS then 1 dey,hrs. ormin.	to have occurred on the dete stated above, at A: Mr. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. T	rade, professio kind of work SAWYER, BE	n, or particular k done, as SPINNER, DOKKEEPER, atc	Hous	sewife	Carelal boundhage fine 9
A 3.1	dustry or bus work was do	na, as SILK MILL,	Hor	ne	//
9. J. D. D	ate daceased !	ast worked at 1936 on (month and	11. Total ti		
12. B1RTH		crisi	h [ar		Dthar Contributory Causes ol importance:
2≝ 13. N	AME	Geor	ge Ster	ling	
프	IRTHPLACE (ci (Stata or cou	ty or town)	sfield ryland		Neme of operation 2.2. Date of
15. M	AIDEN NAME		oline M	oore	23. If death was due to external causes (VIOLENCE) fill In also the following:
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18. BURIA	L, CREMATIDE	v, dr removal	DeteJ_U	ne 21, 3	Manner of Injury
19. UNDE	Address)	John A Bra Crisfield	dshaw Md	. shi	24. Was disaase or injury in eny wey related to occupation of daceased? If so, specify (Signed) 8. 44. Page 4000 M. D

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HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6863
	1. PLACE OF DEATH	
	county somersel co hon	Registration Dist. No. 26/
	Village or City Marion	NDSt.,Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
1	2. FULL NAME Retta Cannon	If U. S. Veteran, specify WAR
	(a) Residence: No. Turnon My	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Frenche colored OR DIVORCED (write the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Bannon	22. I HEREBY CERTIFY, That I attended daceased from
	6. DATE OF BIRTH (month, day, and year) aug 15-1880	I last saw h. — alive on
	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 40 .m.
	5-7 50 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	and De Mart
	9. Industry or business in which	reserve
200	work was dona, as SILK MILL, house work	
	11. Total time (years) this occupation (month and year) 11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (city or town) Marion	Other Contributory Causes of importance:
1	(State or country) somewhat com	Olimi vyscalita
2000	13. NAME Julius Cottinguam 14. BIRTHPLACE (city or town) / Marios	
	14. BIRTHPLACE (city or town)	Name of operation Date of
		What test confirmed diagnosis?
	15. MAIDEN NAME Manay Honry 16. BIRTHPLACE (city or town) Marion (State or country)	23. If daath was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
	(State or country) American Com	Where did Injury occur?
	17. INFDRMANT Oddia Coulbourn (Address) Marion Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
0	18. BURIAL, CREMATION, DR. REMOVAL O	Manner of Injury
	Place Western elitelesse June 19, 19	Nature of Injury
211	19. UNDERTAKER Chas H. ward	24. Was disaase or Injury in any way related to occupation of decaasad?
	(Address) masion ma	if so, specify
	20. FILED 9/5, 193/ Gurelia 13 Fauxor	(Signad) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUL 2 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
1	-31		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

20. FILEO.

18. BURIAL, CREMATION, OR REMOVAL

	STATE (OF MARYLAND-	CERTIFICATE OF DEAT	н 6865
1. PLACE O		1	(RA)	st. No. 260
Village Dr (City Prince	death occurred 2 yrs mo	/ // //	St., Ward
2. FULL NA (a) Resider	10	ye Coston	If U. S. Veteran, specify WAR	
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE C	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH 25 (Month)	8, 193.7
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced	enson /	22. I HEREBY CERTIFY.	That I attended deceased from
	(month, day, and year)			, 19; death is said
8. Trede, profe	Months Months Mossion, or particular work done, es SPINNER,	Days If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at 2.301 The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	
SAWYER Industry or work wa SAW MII	business in which s done, as SILK MILL, LL, BANK, etc		and humed	ne seach
1113 0000	sed last worked at a pation (month and state of the state	11. Total time (years) spent in this occupation used Co. Md	Other Contributory Causes of importence:	
(State or cou	Seorge 1	Costoy		
	(city or town)	merset	Name of operation	Date of
15. MAIDEN NA	ME Unk	noww	23. If death was due to externel causes (VIOLENCE) fill in	
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)		Accident, suicide, or homicide? Dat Where did injury occur?	
17 INCODMANT	Mallia	w) (malou)	Specify whether injury occurred in INQUSTRY. In HOME	or in PilRi ic Place

19. UNOERTAKER (Address) If so, specify (Signed)

Registrar.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS	BY	PHYSICIAN
---------------------------	-----------------	----	-----------

1. PLACE OF DEATH	107.07
County Someret	Registration Dist. No. 270
Village or City Lausonin Jud	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LEDAL Carlowine	If U. S. Veteran, specify WAR
(a) Residence: No. Jacksonia (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the word) August August S. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Peer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Feb. 5- 1965	I lest saw/h.d alive on June 1937; deeth Is seid
7. AGE Yeers Months Deys If LESS than I dey,hrs.	to heve occurred on the dete sisted ebove, et 20 _ Am. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
52 9 17 ormin.	were es follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and the spent in this	Brouslie Jenemanin 4/6/37
SAW MILL, BANK, etc	Other Contributory Causes of importence:
(Stete or country)	
13. NAME There See 14. BIRTHPLACE (city or town) Marion Wells	
4. BIRTHPLAGE/(city or town)	Name of operation
	What test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Javania Md.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Tawsona Clu Oete June 14,1937	Nature of injury
19. UNDERTAKER John a Bradshaum (Address)	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILEO June 2.3 1937 Is healing.	(Signed) 1 Dushley M. D. (Address) Crestel II usl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. u.

V. S. No. 1

N. B.

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Example I) i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
MISTAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. .

TION is very important.

V. S. No.

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

1	S	TATE O	F MARY	LAND-	CERTIFICATE	OF DEA	ATH 63	67
1. PLA	CE OF DEAT	гн	- 1		(Part)		00	000
Cour	nty	merh	X		62-04	Registration	Dist No. 2	60
Villa	ge or City		/	une	No.		21	Ward
					death occurred in a hospital or instit			number)
Lengt	th of residence in cit	y or town where de	ath occurred	yrsmos	ds. How long in U.S. if	of foreign birth?	yrsm)sds.
2. FUL	L NAME	allie	Elizab	with 6	of If U. S. Veteran	, specify WAR		
(a)	Residence: No	Prime	(Usual place of	abode)	St., Ward.	If nonresiden	t give city or town and	State
PEI	RSONAL AN	D STATISTIC	AL PARTIC	ULARS	MEDICAL C	ERTIFICAT	E OF DEATH	
3. SEX /	4. COLOR	R OR RACE	S. SINGLE, MARR	IED, WIDOWED,	21. DATE OF DEATH		, of	7
Pe	w	hite	wid	vued		(Month)	(Dev)	, 193 (Year)
(or) WI		alfre	d to	-1885	1 HEREB May 3 1 of	., 19.3.7, to	That I attended	* 5-
7. AGE	BIRTH (month, day Years	Months	Days	If LESS than	to have occurred on the date stet	7		, death is said
	52			1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
51.	de, profession, or pa kind of work done, a SAWYER, BOOKKEE	as SPINNER,		l ormin.	were as follows:	l Nes	nerskage	Date of onset
9. Indu	ustry or business in work was done, as S SAW MILL, BANK, e		pa.s	wing				
- 11 -	deceased last worthis occupetion (monyear)	ked at at ath end Moy		ne (years) U in this ation				
	LACE (city or town).	and			Other Contributory Causes of Imp	Conce:		neka
₩ 13. NAN	ne logis	tables	Bal	l				
	THPLACE (city or to (State or country)	wn)	d		Name of operation	chie	Date of	utopsy?
₩ 15. MAI	DEN NAME	lenora	Twil	len	23. If death was due to externel ca	uses (VIOLENCE)		
15. MAI 16. BIR	THPLACE (city or to	wn)	<u>}</u>	1	Accident, suicide, or homicide?	/	Date of injury	

(Specify city or town county and State)
occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state D. Every item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLA

V. S. No. 1

SIAIL OF LATE OF DEATH	MARYLAND—		868
e e e e e e e e e e e e e e e e e e e	1	21	
Village or City	LO LIN CORPO	DRANGE LIMITS OF	War
Locath of anidam in the Atana when do	E 4 2 (II	death occurred in a hospital of institution, give its 1474[vill instead of street and num	
Length of residanca in city of town whara daa	0 65 4		
2. FULL NAME SO KANA	e pur cast	If U. S. Veteran, specify WAR	*****
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	93. 7
e. If merriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dec	ceased from
. DATE OF BIRTH (month, day, and year)	w 30 1937.		_, 19€2 ∠ death is si
AGE Yaars Months	Days if LESS than	to have occurred on the date stated above, at 7.30pm.	
- 4	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or perticuler		acut sug rent m	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Bronder Crummung 7	27, 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	Jast		
10. Date dacaasad last worked at this occupation (month end	11. Total tima (yaars) spent in this		
year)	occupation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) 02 (State or country)	gland.	brhoofing Cough.	
13. NAME & wither W.	Easton		
13. NAME QUELLE (City or town) M. A.	22.	Name of operation Oats of Oats	
(Stata or country)		Whet tast confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAMICLAURE B	Partridge.	23. If daath wes due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	cin	Accidant, suicida, or homicide? Oate of injury	, 19
(State or country)		Where did injury occur?	
7. INFORMANT wither W. E. (Addrass)	eston a	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18. BURIAL, CREMATION, OR REMOVAL FIALLY	Date Jacks 1934	Manner of Injury	, ا
19, UNDERTAKER J. L. L. M. C. (Addrass)	son med	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED June 3, 1937 la	Eleacen	(Signed) Slorge Co. Couldware	M. M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of infor jo PHYSICIANS statement Exact classified. MARGIN RESERVED FOR BINDING properly may so that carefully

WRITE

Z

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnous County____ Langth of residence in city or town where death occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months If LESS than Days 1 dey,____hr: 3 or____min. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... of 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... back on 10. Date daceesed last worked at 11. Total time (years) this occupation (month end spent in this occupation __ instructions 12. BfRTHPLACE (city or town) (State or country) CAUSE OF DEATH in plain terms, 13. NAME See FAT 14. BIRTHPLACE (city or town) (Stata or country) MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) mation should (Address) 18. BURLAL CREMATION, OR

	(67)
	Registration Dist. No. 262
	No. St. Ward
(If deat	occurred in a hospital or institution, give its NAME instead of street and number)
os	ds. How long In U.S. if of foreign birth?yrs
1	If U. S. Veteran, specify WAR
3/	St., Ward.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
21	. DATE OF DEATH /
	(Month) (Day) (Yaar)
	(Month) (Day) (Yaar)
22.	I HEREBY CERTIFY, That I attanded dacaasad from
	, 19, 19, 19
1	last saw h; deeth is said
to	have occurred on the dete stated above, atm.
5. T	he PRINCIPAL CAUSE OF DEATH and related causas of Importance
- W	B. slocks uses Called 144
1	Alex bobs died - History 7 sheet
	and
	the British for the first cause as it
	Cause. with sugarding agout
	allela o close fine 22 - , after
0	ther Contributory Causes of importence.
	The mather nuised the boly-
	May name am all is a glarge
	Lagraes glava-
N	eme of operation Dete of
_ W	hat test confirmed diagnosis? Was there an autopsy?
23	If death was dua to extarnal causes (VIOLENCE) fill In elso the following:
A	ccident, suicide, or homicide? Date of Injury, 19
_ v	/hera did Injury occur?
S	(Specify city or town, county and State) pacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
N	lanner of injury
/	leture of injury
	. Wes disease or injury in any way related to occupation of deceased?
	f so, specify
	(Signed) Pet Johnson med Corret 1600 1 100.
1.	(Addrass) There can ame med
II .	(Augilass)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1 1923	Gastraenteritis	1 year
<u> </u>		(Sept 1967)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6870
1. PLACE OF DEATH	
County Joneerset	Registration Dist. No. 260
Village or City Process of Queen	" K 4 1 1 # 1 !
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsfmos	
2. FULL NAME // Morrias Je	Locul U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended daceased from
mary tellores	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Oct 22-1853	I last saw h aliva on death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.00@m.
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Tools and an in the state of	Date of onset
kind of work done, as SPINNER, Tarvel SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Coremona / Eye Ha
work was done, as SILK MILL, SAW MILL, BANK, etc	The The
S. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last workad at this occupation (month and year) year) 11. Total tima (years) occupation	14
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Magnyland	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) - Somewhat Con	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OF LONG GOVERNMENT OF LONG GOVERNME	23. If daath was due to external causas (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Soules of Co.	Accidant, suicida, or homicide? Date of Injury, 19
(State or country) Megyland	Where did injury occur?
17. INFORMANT MICE MONTH THE MENT MED	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The Conference Date of 1977	Nature of injuryt
10 HADEDTAKE 1/2 ALLEN PATER IN THE	24. Was disaase or injury in any way related to occupation of deceased?

If so, specify

anks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If more by

(Address)

20. FILED ...

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street for	1 week ago
July 5,1927	Peritoniti	3 days ago
	I TUL SEDI	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	3. /	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street for July 5,1927 Peritonities Other contributory causes of importance:

V. S. No. 1

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Langth of residence in city or town where death occurred 76 yrs. 2 mos. 2. FULL NAME Mary Ann Hundley (a) Residence: No. Chesapeake Ave (bundplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE F 4. COLOR OR RACE S. SINGLE, MARKEED, WIDOVED, OFF, WI	STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH 6871
Village or City Langth of residence in city or town where deeth occurred 76 yrs 2 (ff deety) pecuried in a loopisal or institution, give in NAME in the clear and author) 2. FULL NAME MATY Ann Hundley (a) Residence: No. Chesapeake Ave St. Ward. [If U. S. Veteran, specify WAR. (b) If nonresident give city or town and State Personal. And STATISTICAL PARTICULARS S.SEX OLOR OR RACE S. SINCE, MARRIED, WIDOWED OF DIVORCED with the word Widowed of HUSSAN'D or DIVORCED with the word HUSSAN'D or DIVORCED with the word HUSSAN'D or DIVORCED with the word HUSSAN'D or Divorced or HUS				
Vinege of city of town where deeth occurred 76 yrs 2 mem. 2. FULL NAME MATY Ann Hundley (a) Residence: No. Chesapeako Aye (busing blace of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) While the confirmed of the word of the	County Somerset			Registration Dist. No. 270
2. FULL NAME Mary Aim Hundley (a) Residence: No. Chesapeake Are (b) Residence: No. Chesapeake Are (c) Residence: No. Chesapeake Are (d) Residence: No. Chesapeake Are (do Personal And Startsuchus Arthur Instruction And Instruction Arthur Instruction And Instruction And Instruction Arthur Instruction And Instruction Arthur Instruction Archur Instruction Arthur Instruction Archur Instr	Village or City Crisfie	1d		No. McCready Memorial Hospital Ward
(a) Residence: No. Chesapeako Ave (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE W Widowed, Or divorced HUSBAND HUSBAND 6. DATE OF BERTH (month, dey, and yeer) ACE Yeers Months Days If LESS than 16. ACE Yeers Months Days If LESS than 16. PRINCIPAL CAUSE OF DEATH and releted causes of importances The PRINCIPAL CAUSE OF DEATH and releted causes of importances To Date of persisting or business in which Wary Land Shart PLACE (city or town) (Stete or country) Maryland Shart Country) Maryland Shart	Length of residence in city or town where	deeth occurred7	6 yrs 2 mos	death, occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE F W S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word) WIDOWED OR DIVORCED (write the w			y	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Own DIVORCED (write the word) WIDOWED 5. If married, widowed, or divorced (or) WIFE or Robert Hundley 6. DATE OF BRITH (month, dey, and year) 7. AGE Years Months Days ITLESS than 1 day,	(a) Residence: No. Chesape	eake Av		
SEX F 4. COLOR OR RACE WINDOWED OR DIVORCED (write the word) WINDOWED		otto.		
F W Widowed (arrive the world) Widowed (Month) (Dey) (Tarri) Se. If married, widowed, or divorced (INUBANN) of (Proposition of the Widowed) (Month) (Dey) (Tarri) Se. Date of BIRTH (month, dey, and yeer) March 4 1861 T. AGE Yeers Months Days If LESS than 167				
Robert Hundley 6. DATE OF BIRTH (month, dey, and yeer) 6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Days If LESS than 1 dey, hrs. or min. 8. Trade, profession, or pertitular SAWYER, BOOKKEPER, etc. S		OR DIVORCED	(write the word)	Juce 1 1937
SATE OF BIRTH (month, dey, and yeer) March 4 1861 7. AGE Yeers Months Days If LESS than 1 dey	HUSBAND of	bert Hun	dley	1 HEREBY CERTIFY, Thet I attended decessed from
TACE Yeers Months 2 27 If LESS than 1 dey. hrs. ormin. 76 2 27 If LESS than 1 dey. hrs. ormin. 8. Treee, profession, or perticular years ormin. 8. Treee, profession, or perticular ormin. 8. Treee, profession, or perticular ormin. 9. Indied work doma as SPINNER, SAWYER, BOOKKEPER, etc. 9. Indied years dome, as SILK WILL, SAWYER, BOOKKEPER, etc. 10. Date decessed last worked at this occupation month and 1.937. 11. Total time (years) spent in this years) spent in this years of importance: 12. BIRTHPLACE (city or town)	C DATE OF DIRTH (month day and month	March 4	1861	3 7
8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWER, Bookkerper, etc. 9. Irade, profession, or perticular kind of work done, as SPINNER, Housewife SAWER, Bookkerper, etc. 10. Date doceased last worked at May spent in this occupation occupation occupation (Stete or country) 10. Date doceased last worked at this occupation occupation occupation (Stete or country) 11. Totel time (years) spent in this occupation occupation occupation occupation (Stete or country) 12. BIRTHPLACE (city or town). Crisfield (Stete or country) 13. NAME Thomas Sterling 14. BIRTHPLACE (city or town). Crisfield (Stete or country) 15. MAIDEN NAME Anna Respess 16. BIRTHPLACE (city or town). Warvland (Stete or country) 17. INFORMANT Laweronce Hundley (Address) Crisfield Md 18. BURIAL, CREMATION, OR REMOVAL Place. Crisfield Md 19. UNDERTAKER Joha A Bradshaw (Address) Crisfield Md 19. UNDERTAKER Joha A Bradshaw (Address) Crisfield Md 19. UNDERTAKER Joha A Bradshaw (Address) Crisfield Md 20. Address (Vision occupation of deceased? (Address) Crisfield Md 21. Wes disease or injury in eny wey related to occupation of deceased? (Address) Crisfield Md 22. Wes disease or injury in eny wey related to occupation of deceased? (Address) Crisfield Md				2.60
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWER, BORKEPER, etc 10. Date decessed last worked at this occupation (month and year). 11. Totel time (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town). 13. NAME Thomas Sterling 14. BIRTHPLACE (city or town). 15. MAIDEN NAME Anna Respess 16. BIRTHPLACE (city or town). 17. INFORMANT Lawerence Hundley (Address) Crisfield Mathematical Mathematic	76 2			The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
12. BIRTHPLACE (city or town)	kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel til	me (years) t in this	Cecil I of I went
13. NAME Thomas Sterling 14. BIRTHPLACE (city or town) Crisfield (Stete or country) Maryland Whet test confirmed diagnosis? Local West there en autopsy? Whet test confirmed diagnosis? Local West there en autopsy? 15. MAIDEN NAME Anna Respess 16. BIRTHPLACE (city or town) Matthews County (State or country) Virginia 17. INFORMANT (Address) Crisfield Md 18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Date June 3, 19. 37 19. UNDERTAKER (Address) Crisfield Md	12. DIRIHFLACE (CILY UI LUWII)			
14. BIRTHPLACE (city or town) Crisfield (Stete or country) Maryland Whet test confirmed diagnosis Local Wester en autopsy? 15. MAIDEN NAME Anna Respess 16. BIRTHPLACE (city or town) (State or country) Virginia 17. INFORMANT (Address) Crisfield Md 18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Date June 3 19. UNDERTAKER (Address) Crisfield Md	TTS.		ing	
15. MAIDEN NAME Anna Respess 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Date June 3 19. UNDERTAKER (Address) Crisfield Md 23. If deeth was due to external causes (VIOLENCE) fill In elso tha following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER Toha A Bradshaw (Address) Crisfield Md 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER Toha A Bradshaw (Address) Crisfield Md 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury 19. UNDERTAKER Toha A Bradshaw (Address) Crisfield Md	14. BIRTHPLACE (city or town) Crist	field		Nama of operation Calgarithmy & Dany Dete of Many 2
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Crisfield Date June 3 19. UNDERTAKER (Address) Crisfield Md 19. UNDERTAKER (Address) Crisfield A Bradshaw (Address) Crisfield Md 24. Wes disease or injury in eny wey related to occupetion of deceased? If so, specify Accident, suicide, or homicide? Dete of Injury (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER Tohn A Bradshaw (Address) Crisfield Md 16. BIRTHPLACE (city or town) Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER Tohn A Bradshaw (Address) Crisfield Md				
17. INFORMANT Lawerence number of light of the companion of deceased? 18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Date June 3 , 19 37 Neture of Injury 19. UNDERTAKER John A Bradshaw (Address) Crisfield Md 24. Wes disease or injury in eny wey related to occupation of deceased? If so, specify A December 19. If so, specify A December 19. In the companion of deceased?	16 BIRTHPLACE (city or town)	hews Cou		Accident, suicide, or homicide?
Place Crisfield Date June 3 , 19 37 Neture of Injury 19. UNDERTAKER John A Bradshaw (Address) Crisfield Md If so, specify G			dley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER	18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury
(Address) Cristical Md If so, specify 9	Place Crisfield	Date Jun	e 3 , 19 3	Neture of Injury
20. FILED June 2, 19.37 for following (Signed) King 6.6 outlings	(Address) Crisfiel	d Md	00	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephrilis	l kons	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 6 193	July 5, 1927		3 days ago	
BUPEAU V.	S. II			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLA

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF D	DEATH
------------------------------------	-------

1. PLACE OF DEATH		(3)	
County Somerset		Registration Dist. No. 261	
Village or City Marion		No. Form	rd
Length of residenca In city or town whara da	ath occurred 27 yrs. 2 mos	f death, occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmos	
2. FULL NAME Mariah C	atherine Johnson	If U. S. Veteran, specify WAR	
(a) Residence: No.	Farm (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)	
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of $$\rm Nev\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	r Married	1 HEREBY CERTIFY, That I attended deceased from	
e DATE OF BIBTH (month day and mar)	Feb 24 1880	I last saw hold alive on 1937, to 1957; death is sa	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at 2:32 Rm.	
57 3	17 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housework	acul de 7 Ment	et [3]
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	6 11. Total time (yaars) spant in this occupation	One acute nephritis angrafted upon of abronic nephritis Auration : three months.	
12. BIRTHPLACE (city or town) Mari (Stata or country)	Land	Other Contributory Causes of importance: Cerel Oneury slow Mal	29
H 13. NAME Wm E	Johnson		
H 13. NAME WM E (14. BIRTHPLACE (city or town) Mar: (State or country) Mar:	ion ryland	Name of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?	
법 15. MAIDEN NAME Ma:	ry Gibson	23. If daath was due to external causes (VIOLENCE) fill In also the following:	
O TO. DINTHIFLACE (CITY OF LOWII)	rion ryland	Accident, suicida, or homicide? Date of Injury, 19	
17. INFORMANT Mrs (Address) Ma	Irene Hones	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place St. Rayls Com.	Oate June 1319 3	Manner of Injury	
19. UNDERTAKED OM WOOD (Addyss) Crustill	rodshaw	24. Was diseasa or injury in any way ralated to occupation of dacaased?	
20. FILED 6/13, 1939 Que	relea difaceso. Registrar.	(Signad) Lary & Corelland M. (Address) Laren Tud, !	. D.

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIVEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL % 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLA

V. S. No. 1

STATE OF MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(73) (6873
County Diwall		Registration Dist. No.
Village or City Tusqueld		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred		Ods. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles 7 &	eene	If U. S. Veteran, specify WAR
(a) Residence: No. Hashington		St., Ward.
(Ujual place of		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIE OR DIVORCED (Character)	write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
		last saw h Company 1932: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys	If LESS than	to have occurred on the date stated above, at
63 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, Real Est	+	gunflet would
	u/	(of theroat, surshing)
Windustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		Base of Aland, through
10. Date deceased last worked at 4 11. Total time		langue to top of
this occupation (month and 1437 spent in occupa	in this ,	tured One of
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country)		in the water
13. NAME		Althouse .
14. BIRTHPLACE (city or town)		Name of operation Asset Control
(State of country)		What test confirmed diagnosis Westhere an autopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Assident, suicide, or homicide?
∑ (State or country)		Where did Injury occur? (Secily city or town, county and State)
17. INFORMANT		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL		a Lost, in Chesafeake Bay, at Phodes' Point, Someract Tom
Place Has fung lond l. Date Mr.	12 193	Manner of Injury Harricasel - Log Shooting
(1)th (16).		netate of injury
19. UNDERTAKER M G TOOM	man	24. Was disease or injury In any wey related to occupation of deceased?
(Address)/	001	If so, specify (Signed) M. D.
20. FILED 190 190 100 NO	Registrar.	(Address) Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

If Lore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

County Domerset	Registration Dist. No. 26 8
2. FULL NAME (a) Residence: No.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as. How long In U.S. if of foreign birth? yrs. mos. ds. St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A PLY S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Anne D. 193 7 (Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of Horry is all as Poll; the Second of the	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and by 1936 occupation)	Tulmonary luberculosis 1936
12. BIRTHPLACE (city or town) Somersot Co. (State or country) Taryland 13. NAME Reveal Poll: H 14. BIRTHPLACE (city or town) Samersot Country (State or country)	Dther Centributory Causes of importance: Name of operation Date of
15. MAIDEN NAME Harriett Gottmace 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DENKIELLE OILITE (Address) Princess Home F/2 18. BURIAL, CREMATION, DR REMOVAL	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street/con	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / CE	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYI	AND-CERT	TEICATE	OF DEATH
	THOUSE I	MINI CELLI		UI DEAL

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0	8	7	0)
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1. PLACE OF DEATH		460		
Village or City Crisf: Length of residence in city or town where	Leld death occurred 73 yrs. 1 m	No. Mary Land Avenue st., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 10s. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Robert	Edwin Purnell	If U. S. Veteran, specify WAR.		
(a) Residence: No. Mary	land Ave (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARTIDOL		21. DATE OF DEATH		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ena Curtis Purne	1 22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	Jan 4 1864	Hest saw h alive on 7, 1937; death is said		
7. AGE Years Months 73	Days If LESS than 1 day,hr	to have occurred on the date stated above, at		
year) 12. BIRTHPLACE (city or town) Cri	Oyster Inspection of the Oyster Inspection of	9		
H 13. NAME Fishe	er Purnell	Y Pauseen.		
(State of country) INTOLE Y.	Land	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town) (State or country) Perc	Elizabeth Purne ance ryland y Purnell field Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
(Address) VIS: 18. BURIAL, CREMATION, OR REMOVAL Place Crisfield		Manner of injury		
19. UNDERTAKER John A Br (Address) Crisfie 20. FILED J. 19.3.7		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Levy Calller, M. D. (Address) M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	71	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	ne de la
Gallstones	May 1,1923	Gastroenteritis	1 year
			3

B. WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH		34	
County WITHIN CORPORATE	LIMITS OF	Registration Dist.	No. 2-65
Village or City Cresheld, md)	No. (If death occurred in a hospita	I or institution, give its NAME instea	St Ward
Length of residence in city or town where death occurred			
2. FULL NAME Sarul Tegel	If U. S. \	eteran, specify WAR	
(a) Residence: No. 335 Focus ST	St., Ward.		
(Usual place of abode)	NED!		y or town and State
PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW.		CAL CERTIFICATE OF	DEATH
Femle negro OR DIVORCED (write the wa		(Month)	Day) 193 7 (Year)
HUSBAND of (or) WIFE of Well Real	14	REBY CERTIFY, TH	
DATE OF BIRTH (month, day, and year) Feb. 18, 1898	i last saw half aliv	10 of June By	7, 19.3.7; death is sa
AGE Years Months Days If LESS t		of DEATH and related causes of In	n.
39 / ormi	m. were as follows:	Or DEATH and related causes of the	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, House Keek SAWYER, BOOKKEEPER, etc.	2M. To A		18/40
9 Industry or business in which	-c //www.x	mangerieu	1 /2×
kind of work done, as SPINNER, House Keeps SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 3/4 11. Total time (years) this occupation (months and		 [-[]	
10. Date deceased last worked at 3//4-7 11. Total time (years) spent in this year)	3/2		
2. BIRTHPLACE (city or town) Quafro of Turf (State or country)	Other Castributory Caus		
13. NAME Juson Workleh 14. BIRTHPLACE (city or town) World Curvlin		***************************************	
14. BIRTHPLACE (city or town) World Curvlin			
(State or country)	What test confirmed diag	nosis?	Was there an autopsy?
15. MAIDEN NAME Delan Juley	23. If death was due to ex	ternai causes (ViOL ENCE) fill in als	to the following:
16. BIRTHPLACE (city or town) - Danks Leuter (State or country)		nicide? Date of	
7. INFORMANT Geneva Ward	Specify whether injury o	(Specify city or town, courred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL			
Place Lawsonia en Date Melytot, 19	K >		
a HADDOTAND A My al 31 odshaw		In any way related to occupation o	7.
9. UNDERTAKER, 100 Mindella Mrg	If so, specify	10	
20. FILED 9 - 3 Selecti	(Signed)	Prubles.	
Registr	rar. (Address)	· Cuspiels	ingt

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: S. Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	NAL SPACE F	UK I	FURTHER	STATEMENTS	BI	PHISICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	L. PLACE OF	DEATH			<u> </u>			
	county	Somerset			Registration Dist. No. 26I			
			Ma.	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and seconds. How long in U.S. if of foreign birth? yrs.			
	2. FULL NAM	ME Margare	t Robins	on	If U. S. Veteran, specify WAR			
					St., Ward. If nonresident give city or town an			
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
	Female	4. COLOR OR RACE		RIED, WIDOWED,) (write tha word)	21. DATE OF DEATH Dead born. 6/2. (Month) (Day)	(Yaar)		
5a.	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorcad Infa			22. HEREBY CERTIFY, That I attanded			
6.	DATE OF BIRTH	month, day, and year)	June 25	1937	I last saw h alive on, 19	; death is sald		
7.	AGE Yaar Dead bo		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
OCCUPATION	kind of w SAWYER, 9. Industry or b work was SAW MILI 10. Date decease this occur	L, BANK, atcd last worked at pation (month and	Infant	ima (years) ht in this	Dead born No Doctor in attendance Emma R. Hearn Midwife	-		
12		y or town)Nd		pation	Other Contributory Causes of importanca:			
ER	13. NAME JO	hn Henry R	obinson					
FATHER	14. BIRTHPLACE (State or	(city or town) Fai	rport Va.		Name of operation Date of What test confirmed diagnosis? Was there an			
ᄄ		ME Viola Cl			23. If death was due to external causes (VIOL ENCE) fill in also the following			
MOTHER	16. BIRTHPLACE (State or	(city or town) Rad country)	ical Va.		Accidant, suicide, or homicida?Date of Injury19			
17	(Addrass)	John Henry Mari	Robinson on, Md,		Where did injury occur?(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	277045		
18	BURIAL, CREMAT	ion, or REMOVAL anch Cemete	ry _{Data} Ju	ne 25 ₁₉ 37	Manner of Injury			
19). UNDERTAKER (Address)	John Robin Tario	son n, Md.	20	24. Was disease or injury in any way related to occupation of lacaesed?	+00		
20), FILED 6/2	25 ,19 37 9	urelia !	Lauren Registrar.	(Signad) Surelies Marion Than	rud TMA.		

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL & BAT	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	r OR F	URIMER	STATEMENTS	ы	PHISICIAN	

V. S. No N. B.

STATE	OF	MARYI	AND-	CERTII	FICA	TE	OF	DF/	HTA
						V I have	\sim 1		V F F I

1	. PLACE OF D		/ W/AIX	- ILAND	Jorga 587	8
	County	Somerset			Registration Dist. No. 2 63	-
	Village or City	Crisfie	1diament	CORPORA	death occurred in a horpital or institution, give its NAME instead of street and number,	_Ward
	Length of residence	In city or town where o	leath occurred	1 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number. ds. How long in U.S. if of foreign birth?	ds.
2	FULL NAME	Clarenc			If U. S. Veteran, specify WAR	
	(a) Residence: f	No. (9	th Stre		St., Ward.	
_			(Usual place		If nonresident give city or town and State	
-		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. 5	M 4. C	Color or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Y.) aer)
5e.	If married, widowed, of HUSBAND of	r divorcad			22. HEREBY CERTIFY. That attended decease	ad from
	(or) WIFE of				1932, to June 14 , 19	
6. 1	DATE OF BIRTH (mont	th, day, and yeer)	Nov 30	1935	I last sew have efive on 4 4 1 19.32; deet	
7. /		Months	Days	if LESS than	to have occurred on the date steted ebova, at Liber f.m.	
	1	6	14	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	ofonset
z	8. Trade, profession,	or particuler done, as SPINNER,			14	we. Y
OCCUPATION	SAWYER, BOO	KKEEPER, etc			The barnehor polumenia was primary.	
UPA	9. Industry or busin work was don	e, es SILK MILL, ANK, etc	1		There was no associated disease.	
S	10. Date daceased las	st worked at	11. Total t	ima (years)	Owaf &	
0	this occupation year)	n (month and	spe	nt in this upation		~~~~
12	BIRTHPLACE (city or 1	town Cri	sfield		Other Contributory Causes of importence:	
-	(State or country)		yland			
ER	13. NAME	Cla:	rence Sr	mith Sr		
ATHER	14. BIRTHPLACE (city	or town) Cri	sfield		Nama of oparation	
<u> </u>	(State or coun		vland		Whet test confirmed diagnosis? Wes there an autopsy	7-Lep
MOTHER	15. MAIDEN NAME		trude Ta	ayLor	23. If death was due to axternel causes (VIOLENCE) fill in also the following:	
101	16. BIRTHPLACE (city	or town)	lock		Accident, suicide, or homicide?, 1	9
-	(Stata or cour		yland rence Si	nith Sr	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDISTRY in HOME or in PURLIC PLACE	
17.	INFORMANT(Address)		sfield	HI OH OH	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION,				Menner of Injury	
	Place Lib	rary Com	Date	una 15, 37	Nature of injury	
19.	UNDERTAKER (Address)	malog	doho	w	24. Wes diseasa or injury in any way related to occupation of deceased?	
-	Audiessi		1.01	*	(Signed) 2. 24 · Per for	M D
20.	FILED June 1	5,19.3	ere	Ollies Registrar.	(Address) Cais feeld, had	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ JUL	July 5, 1927	Peritonitis	3 days ago
Wall V. S.			
RUREAU	-50.00		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

16. BIRTHPLACE (city or town)

OCCUPA

important. (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very should OF (Address) 18. BURIAL, CREMATION, OR REM Manner of Injury ence 6 1937 mation Neture of Injury LION 24. Was disaasa or Injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify __ (Address) S If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	0880
1. PLACE OF DEATH	- MATTINE	SORFORATE LIMITE OF 822	1.1
County Some	usel	Registration Dist. No. 2	-65-
Village or City Cics	field Md.	NoSt., f death occurred in a hospital or institution, give its NAME instead of street a	war
Length of rasidence in city or town whera		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME / John	+ Di Herling	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Н
3. SEX Male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That I attend	ded deceased from
6. DATE OF BIRTH (month, day, and year)	rot know	Hast saw hime alive on along he and 193	27: death is sai
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Paile nei works one	ware as follows:	Oate of onset
andustry or business in which work was done, as SILK MILL	after Oysfirman 11. Total time (years) spent in this	Careluel bemerslage	Jane 1
12. BIRTHPLACE (city or town)	newset 3	Other Contributory Causes of importance:	
	Herling,		
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Md.	Name of operation Oate of What test confirmed diagnosis? Was thara	
# 15. MAIDEN NAME Sallie	2 D. Sterling	23. If death was due to axternal causes (VIOLENCE) fill in also the follo	wing:
15. MAIOEN NAME Sallie 16. BIRTHPLACE (city or town) (State or country)	M	Accident, suicide, or homicida? Oata of Injury Where did injury occur? Specify city or town, county and	
17. INFORMANT Muso, Muso, (Address)	are fleshing	Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Family Lot.	D. Date June 14, 1937	Manner of Injury	
19. UNOERTAKER (Address)	Salizania Vield. All	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILEO. 1.3., 19.3.7.	le & leveling	(Signed) S. Las: Pay ton	M. (

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Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 0 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6	881
1. PLACE OF DEATH	1172	-
County Somerset	Registration Dist. No. 26	, _S
Village or City 17+ Cernone -11/2	ND	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and not be dead of street and not street and not be dead of street and not be dead of street and not be dead of street and not street and	umber)
2. FULL NAME (2); Iliam I cell		
(a) Residence: Np.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 27 (Month) (Day)	193_7(Year)
5a. If married, widowed or divorced HUSBAND of Corp WIFE	22. I HEREBY CERTIFY, That I attended d	7., 19.3.7.
6. DATE OF BIRTH (month, day, and year) 198 / 1883 7. AGE Years Months Days 1818SS than	I last saw h. alive on Terre 25%, 1937	; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at	
8. Trade profession or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occurrence work and this occurrence would be spent in this spent i		A
Lindustry of business in which work was done, as SILK MILL,	Landenal Olcar	0/15/2
SAW MILL, BANK, etc. Tame haber	The state of the s	7.0
O. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation		
12. BIRTHPLACE (city or town) Shaces	Other Contributory Causes of importance:	
(State or country) Thank and	Peritopitis	6/25/
II. NAME consideration		///
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME CONCOUNTS	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State	3
17. INFORMANT Princess Anne 192	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Clasa comenty Date June 28, 1937	Nature of injury	
19. UNDERTAKER Tale Dashiele	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Jul. 28, 1957, Stephen O Flips.	If so, specify (Signed) (Signed) (Signed)	M. D.
Kegistrar.	(Address) Test Code (O a a a a c	170-0

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Cerebral hemorrhage	July 5,1927	Peritoniti	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gestroenteritis 1	1 year
		CALL OF	

PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.—WRITE PLAMLY, WITH

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	MARTLAND-	CERTIFICATE OF DEATH 68	86
County Same		Registration Dist. No. 26	8
Village or City	The V		Mond
		ND. St.,	
Length of residence in city or town where deatl	h occurredyrs,mos	sds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Stellbary	2 baley Wall	ol	
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	32790		(Year)
HUSBAND of (or) WIFE of	V	22. HEREBY CERTIFY, That I attended dece	1
6. DATE OF BIRTH (month, day, end year)	ne 13.1937		eath is said
7. AGE Years Months	Days If LESS, than	to heve occurred on the date stated above, etm,	atii is saim
	1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER,	>	T Da	ate of onset
SAWYER, BOOKKEEPER, etc.		1 march 1	
CAW MILL DANK -1-			
10. Date deceased last worked et this occupation (month and	11. Totel time (years)	+ 1 2 mx 1	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	e, MC		
1 1 1 1 1	Person O		
E CO	200		
4 14. BIRTHPLACE (city or town) (State or country)	and I had	Name of operation Date of Whet test confirmed diagnosis? Wes there an autop	M
TI 15. MAIDEN NAME Helen	Traglo	23. If death was due to external causes (VIDLENCE) fill in also the following:	isy!Z_
15. MAIDEN NAME LO 16. BIRTHPLACE (city or town) Chata or country		Accident, suicide, or homicide? Date of injury	., 19
(State or country)	ner, ma	Where did Injury occur?(Specify city or town, county and State)	
17. INFORMANT	allee of	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	1 12 00	Manner of Injury	
Place MA [Date (193	Nature of injury	
19. UNDERTAKER F. J. Webste (Address)	Jud mod	24. Was disease or injury in eny way releted to occupation of deceased.	A
20. FILED \$13 , 1937 RU	ra Welster Registrar.	(Signed) (Address)	S.M. D.
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Josep)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Garageore	31,1000		

WRITE PLA

of OCCUPA.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 6883
County Domesselv	Registration Dist. No. 270
Village or City Circlised R.P.	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	nysds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Some Odward	acf. If U. S. Veteran, specify WAR
(a) Residence: No. / Crusticed N. F.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
maraies	(Month) (Day) (Mear)
HUSBAND of Warrel C. Draid	22. I HEREBY CERTIFM, Thet I attended deceesed fr
(or) WIFE of	Dein 10, 1937, 10 Ju 20, 193
DATE OF BIRTH (month, day, end year) Chris 27 186	Viest saw h elive on h 19 1937; deeth is s
AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
74 / 24 1 day,h	THE I KINCH AL CAUSE OF DEATH and related couses of Importance
Trade profession or perticular	Date of on
kind of work done, es SPINNER, Flasmer, SAWYER, BOOKKEEPER, etc.	usemen In 18
9 Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month end spent in this	
year) occupation	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) Nonlesses	Climo du jusque 1
(State or country)	glime upraidett.
13. NAME Lowe Monas Mard	Jenera asters believers
13. NAME Atue Monas Mard 14. BIRTHERACE (city or town)	Name of operation
(State of country)	Whet test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Sleve Diesling 16. BIRTHPLACE (city or town) And	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town county and State)
7. INFORMANT Mrs. Hallie Merlying	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Creatical, Mot. of	
8. BURIAL, CREMATION, OR REMOVAL Place Dete June 2193.	Manner of Injury
Place Dete June 24,193	/ Neture of Injury
9. UNDERTAKER & Lawson	24. Was diseese or injury in eny way releted to occupation of deceased?
(Address) Crificed Mai	If so, specify
A A A A	(Signed) Length Comment

(Address) Imanin mo If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	301	1931	Run over by street car	1 week ago
Cerebral hemorrhage	CHARLALI V.	July 5, 1927	Peritonitis	3 days ago
	DU			
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year